

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREMichael Lee Rose

Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 06 - 370

I, Michael Lee Rose

declare that I am the (check appropriate box)



Petitioner/Plaintiff/Movant



Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 0911880Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|--------------------------------------|--------------------------|
| a. Business, profession or other self-employment | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Rent payments, interest or dividends | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Disability or workers compensation payments | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Gifts or inheritances | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Any other sources | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

S R - Sister
I Don't Know

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DISTRICT OF DELAWARE

SD scanned

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

30/5/30/06
DATE

Michael Lee Rose
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

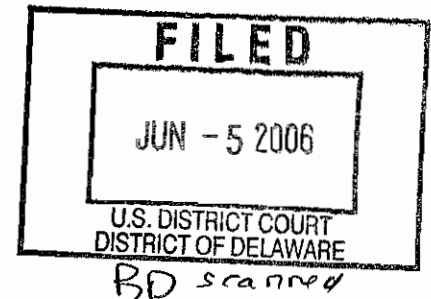
06-370

TO: Michael Rose SBI#: 097880

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: May 22, 2006



Attached are copies of your inmate account statement for the months of November, 2005 April 30, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Nov</u>	<u>79.50</u>
<u>Dec</u>	<u>68.74</u>
<u>Jan</u>	<u>75.49</u>
<u>Feb</u>	<u>42.15</u>
<u>march</u>	<u>57.47</u>
<u>april</u>	<u>18.06</u>

Average daily balances/6 months: 56.21

Attachments

CC: File

Stacy Shane
5/22/06

M. L.
Not Public
5/23/06

Page 1 of 1

Individual Statement

Date Printed: 5/22/2006

For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$81.65
00097880	Rose	Michael				
Current Location:	D/E	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	2/1/2006	(\$14.01)	\$0.00	\$0.00	\$67.64	216641
Canteen	2/7/2006	(\$12.50)	\$0.00	\$0.00	\$55.14	218950
Canteen	2/14/2006	(\$20.03)	\$0.00	\$0.00	\$35.11	222532
Canteen	2/22/2006	(\$34.92)	\$0.00	\$0.00	\$0.19	225962
Mail	2/24/2006	\$25.00	\$0.00	\$0.00	\$25.19	227217
Canteen	2/28/2006	(\$18.91)	\$0.00	\$0.00	\$6.28	228210
Ending Mth Balance:					\$6.28	
Total Amount Currently on Medical Hold: \$0.00						
Total Amount Currently on Non-Medical Hold: \$0.00						

SourceName

PayTo

MO # or
Ck #

S. ROSE

92841966674

Date Printed: 5/22/2006

Page 1 of 1

Individual Statement

For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$103.14
00097880	Rose	Michael				
Current Location:	D/E	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	1/4/2006	(\$16.78)	\$0.00	\$0.00	\$86.36	203769
Canteen	1/11/2006	(\$13.42)	\$0.00	\$0.00	\$72.94	207145
Canteen	1/18/2006	(\$12.34)	\$0.00	\$0.00	\$60.60	210186
Canteen	1/25/2006	(\$18.95)	\$0.00	\$0.00	\$41.65	212851
Mail	1/27/2006	\$40.00	\$0.00	\$0.00	\$81.65	214306
					MO # or Ck #	PayTo
					0466011981	P. THOMAS
					Ending Mth Balance:	\$81.65

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Date Printed: 5/22/2006

Page 1 of 1

Individual Statement

For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$54.29
00097880	Rose	Michael				
Current Location:	D/E	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	12/6/2005	(\$9.75)	\$0.00	\$0.00	\$44.54	191736
Canteen	12/13/2005	(\$8.95)	\$0.00	\$0.00	\$35.59	194179
Canteen	12/20/2005	(\$12.33)	\$0.00	\$0.00	\$23.26	197075
Mail	12/21/2005	\$100.00	\$0.00	\$0.00	\$123.26	197920
Canteen	12/28/2005	(\$20.12)	\$0.00	\$0.00	\$103.14	200305
Ending Mth Balance:					\$103.14	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

SourceName

PayTo

MO # or
Ck #

S. ROSA

92841960420

Individual Statement

Date Printed: 5/22/2006

Page 1 of 1

For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$5.91
00097880	Rose	Michael				
Current Location: D/E		Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	11/1/2005	(\$4.96)	\$0.00	\$0.00	\$0.95	178194
Mail	11/1/2005	\$100.00	\$0.00	\$0.00	\$100.95	178517
Supplies-MailP	11/7/2005	\$0.00	\$0.00	(\$4.53)	\$100.95	180540
Canteen	11/8/2005	(\$11.75)	\$0.00	\$0.00	\$89.20	181033
Supplies-MailP	11/11/2005	(\$4.53)	\$0.00	\$0.00	\$84.67	183789
Canteen	11/15/2005	(\$11.00)	\$0.00	\$0.00	\$73.67	184313
Canteen	11/22/2005	(\$9.71)	\$0.00	\$0.00	\$63.96	186830
Canteen	11/29/2005	(\$9.67)	\$0.00	\$0.00	\$54.29	188657
Ending Mth Balance:					\$54.29	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/22/2006

Page 1 of 1

For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Bcg Mth Balance:	\$6.28						
00097880	Rose	Michael										
Current Location:		D/E	Comments:									
Trans Type		Date	Deposit or Withdrawal Amount		Non-Medical Hold		Balance	Trans #	MO # or Ck #	PayTo	SourceName	
Mail		3/1/2006		\$60.00	Medical Hold		\$66.28	229841	46600414		P. HOLMES	
Canteen		3/8/2006		(\$26.55)			\$39.73	232240				
Canteen		3/15/2006		(\$9.15)			\$30.58	236808				
Mail		3/20/2006		\$50.00			\$80.58	238730	09255239651		S. ROSES	
Canteen		3/22/2006		(\$22.80)			\$57.78	239524				
Canteen		3/29/2006		(\$12.74)			\$45.04	242270				
							Ending Mth Balance:					\$45.04

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00